

FINANCIAL AFFIDAVIT

CJA 23

(Rev. 5/98)

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

US

VS. Jeffrey Frojd

FOR

NORTHERN DIST OF ILLINOIS

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Jeffrey Frojd

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

18 U.S.C. 2113

- Defendant - Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other (Specify)

DOCKET NUMBERS

Magistrate

District Court

08 CR 216-1

Court of Appeals

FILED**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	3-14-08 MARTIN C. ASHMAN UNITED STATES MAGISTRATE JUDGE UNITED STATES DISTRICT COURT	
	Name and address of employer:		
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____	
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
	OTHER INCOME	RECEIVED	SOURCES
PROP- ERTY	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____		
	CASH	RECEIVED	SOURCES
OBLIGATIONS & DEBTS	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____		
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VALUE	DESCRIPTION
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____		

DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them	
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

3/14/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

JF